

FRIEND OF THE COURT  
Renaë Topolewski



ASSISTANT FRIEND OF THE COURT  
Caryn VanderHeuvel

**ST. CLAIR COUNTY FRIEND OF THE COURT**

31<sup>st</sup> Judicial Circuit  
201 McMorran Blvd., Room 1600  
Port Huron, Michigan 48060  
Phone (810) 985-2285

HEALTH INSURANCE INFORMATION

*Please verify current health insurance information for children on this case.  
Submit a copy of the Front and Back of the Insurance ID card.*

- Court Docket No: \_\_\_\_\_
- Client Name: \_\_\_\_\_
- Name of Children Insured: \_\_\_\_\_
- Policy Holder if other than client: \_\_\_\_\_
- Name of Employer: \_\_\_\_\_

Medical Insurance: _____ Claim Address: _____ City, State, Zip: _____ Phone No.: _____	Date Effective: _____	Policy No.: _____ Group No.: _____ Contract No.: _____
Optical Insurance: _____ Claim Address: _____ City, State, Zip: _____ Phone No.: _____	Date Effective: _____	Policy No.: _____ Group No.: _____ Contract No.: _____
Dental Insurance: _____ Claim Address: _____ City, State, Zip: _____ Phone No.: _____	Date Effective: _____	Policy No.: _____ Group No.: _____ Contract No.: _____
Prescription Insurance: _____ Claim Address: _____ City, State, Zip: _____ Phone No.: _____	Date Effective: _____	Policy No.: _____ Group No.: _____ Contract No.: _____
Other Insurance: _____ Claim Address: _____ City, State, Zip: _____ Phone No.: _____	Date Effective: _____	Policy No.: _____ Group No.: _____ Contract No.: _____

Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_